

Board of Health, City of Baltimore,

Permit No. A 411 Office of Registrar of Vital Statistics. Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE GRANTED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 16th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ida V. Myers.

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Years, Months, 12 Days

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, None

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto. Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and Number. } 414 S. Register St.

Cause of Death, { First, (Primary,) Second, (Immediate,) Convulsions }
2 days.

Duration of Last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, June 17th

{ Undertaker, H. Dippel } { Medical Attendant, M. D. Whiffle }

{ Place of Business, 338 Bond St. } { Address, 400 S. Broadway }

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Health Department, City of Baltimore.

Permit No. A-412 Office of Registrar of Vital Statistics.

Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 16th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Helmetag

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 1 Years, 4 Months, — Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } Single

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto.

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } Mem. Cross

Cause of Death, { First (Primary), Second (Immediate), } Mem. Cross
Asphyxia

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cem

Date of Burial, June 17th 1887

{ Undertaker, Julius Koehler } M. D.
Medical Attendant.

{ Place of Business, Sharp & Cross } Address, 610 P. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

Health Department, City of Baltimore.

Permit No. A 413 Office of Registrar of Statistics. Ward 2

The Physician who attended any person in a last illness, is responsible for the preparation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 15, 1887 Burger
Full Name of Deceased, Frederick William Burger
Sex, Male or Female, Male
Age, Four (4) Months, Fifteen (15) Days.
Color, White
Married, Single, Widow or Widower, Single
Occupation, _____
Birth Place, Baltimore, Md.
Duration of Residence in the City of Baltimore, Life Time
Place of Death, 1622 Alice Anna St.
Cause of Death, Chorea Infantum
Convulsions
Duration of Last Sickness, Three days
Place of Burial, St. Margaret's Chh.
Date of Burial, June 17, 1887
Undertaker, Wm H. Fleudner, M. D.
Place of Business, 2048 K. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. A 414 Office of Registrar DEPARTMENT OF VITAL STATISTICS

Ward 16

The Physician who attended any person in a last illness is responsible for the preparation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 16th 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie Catherine Lather

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Eight Years, Eight Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } London England

Duration of Residence in the City of Baltimore, Two weeks

Place of Death, { Give Street and Number. } # 844 S. Eustace St.

Cause of Death, { First (Primary), Second (Immediate), } Dysentery.
Collapsus

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, June 17th 1887

Undertaker, H. J. Wilson William Hook M. D.
Medical Attendant.

Place of Business, 746 Columbia Address, # 1018 S. Eustace St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. A. 415 Office of Registrar of Vital Statistics. Ward 15

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 15th / 87
 Full Name of Deceased, Wm. Hallen {Write legibly and spell correctly. If an Infant not named, give names of parents.
 Sex, Male or Female, {Cross out the word not required in this line.
 Age, 60 Years, _____ Months, _____ Days.
 Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth. Ireland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give Street and Number. No 25 E. Lee St

Cause of Death, {First (Primary), Phthisis Pulmonalis
 Second (Immediate), _____

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, St. Peter's Cemetery

Date of Burial, June 17

Undertaker, M. Doyle { J. C. Buch M. D.

Place of Business, 4188 Charles St Address, 5111 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. A 416

Office of Registrar of Vital Statistics.

Ward 192

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death, June 16th 1887

Full Name of Deceased, Regina C. Ammer
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Female
{ Cross out the word not required in this line. }

Age, Twenty four Years, _____ Months, _____ Days

Color, White

Married, Single, Widow or Widower, Married
{ Cross out the words not required in this line. }

Occupation, _____

Birth Place, Baltimore
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Life

Place of Death, 1327 W. Baltimore St.
{ Give Street and Number. }

Cause of Death, Typho-malarial Fever
Intestinal Hemorrhage - Collapse
{ First (Primary), Second (Immediate). }

Duration of Last Sickness, Twenty Eight days

All the above information should be furnished by the Physician.

Place of Burial, Linden Park

Date of Burial, June 19/87 DeLaney, W Barclay M. D.

{ Undertaker, J. B. Cook

Medical Attendant.

{ Place of Business, 1003 W. Baltimore St. Address, 108 Conway St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. A-417

Office of Registrar of Vital Statistics.

Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, JUN 17 in twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 16th

Full Name of Deceased, Henry E. Scimms
Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female, Cross out the word not required in this line.

Age, 1 Years, 14 Months, 14 Days.

Color, W

Married, Single, Widow or Widower, Cross out the words not required in this line.

Occupation, Back

Birth Place, Bach
(State or country, and how long in the United States, if of foreign birth.)

Duration of Residence in the City of Baltimore, During life

Place of Death, 833 Plum alley
(Give Street and Number.)

Cause of Death, Leucemia
First (Primary),
Second (Immediate),

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laural cemetery

Date of Burial, June 17th

Undertaker, Herbert Boss

Place of Business, #109 Conway St Address, 1019 D. Hill ave
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on page

Health Department, City of Baltimore.

Permit No. A 418 Office of Health Department Vital Statistics. Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

B

Date of Death, June 16th 1887
 Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Frank. Bielman
 Sex, Male or Female, { Cross out the word not required in this line. } Male
 Age, 49 Years, — Months, — Days.
 Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } ✓
 Occupation, Carpenter

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Switzerland

Duration of Residence in the City of Baltimore, about 25 years.

Place of Death, { Give Street and Number. } 1829 Lemon St.

Cause of Death, { First (Primary), Second (Immediate), } Valvular disease of Heart.
Emphysema.

Duration of Last Sickness, One year.

All the above information should be furnished by the Physician.

Place of Burial, Landan Park

Date of Burial, June 19th 1887

Undertaker, Nicholas Fink H. W. Weber M. D.

Place of Business, 1814 N. Pratt Address, 814 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No.

A. 419

Office of Registrar of Vital Statistics.

Ward

18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

William Farmer

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

June 17/87

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Male

Age,

2

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

I am a colored man

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give Street and Number. }

1152

Washington Ave

Cause of Death,

{ First (Primary), }

{ Second (Immediate), }

Dysentery for (2) weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

St. Olive Cem

Date of Burial,

June 19/87

Undertaker,

W. J. Tuckner & Sons

Place of Business,

221 S. Eutan St

Address,

855 N. Lombard

Medical Attendant.

M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on page 2.

Health Department, City of Baltimore.

Permit No. A-420 Office of Registrar of Vital Statistics.

Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Monday June 14th 1889

Full Name of Deceased, Herman Stehle
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 18 Years, 7 Months, 1 Days.

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Balt. Md.

Birth Place, Baltimore
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 1018 Booth St.

Place of Death, 1018 Booth St.
{ Give Street and Number. }

Cause of Death, Cholera Infantum
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Balto. Gen.

Date of Burial, June 15/89

Undertaker, J. B. Cook M. D.

Place of Business, 1003 E. Baltimore Address, 1209 W. Fayette St.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]